

CONGRESSMAN BOB GOODLATTE
Internship Application Form
PLEASE PRINT

Name: _____

Address: _____

City/ State / Zipcode: _____

Telephone number(s): _____

Email Address: _____ Date of Birth (optional) _____

Internship Information:

I am available to begin my internship on _____ and end on _____.

Is this internship for school credit? _____ I am required to complete ___ hrs of service during this placement.

What days of the week would you be available to work? _____

What hours of the week would you be available to work _____

Educational Information:

High School _____ City _____ Graduation Date _____

Name of educational institution currently attending _____

Class Standing (FR/ SPH/ JR/ SR) _____ Major _____

Career Objectives _____

Previous government/ political experience _____

My academic advisor or internship supervisor is _____

He/She may be reached at _____

In case of emergency, contact _____

Telephone number _____ Relationship _____

Signature _____ Date _____

For Washington, DC positions return completed applications to:

Zach Agee, Intern Coordinator/ Congressman Bob Goodlatte/ 2240 Rayburn House Office Building/
Washington, DC 20515 • Fax (202) 225-9681 • For more information call (202) 225-5431 • Due to increased
security in the Capitol Complex it is recommended that you fax your application.

For District Office positions return completed application to:

Pete Larkin, District Director/ Congressman Bob Goodlatte/ 10 Franklin Road, SE Suite 540/ Roanoke, VA
24011 • Fax (540) 857-2675 • For more information call (540) 857-2672

Please include a cover letter, resume and writing sample with this application